



**CITY OF FORT SMITH**  
BUSINESS REGISTRATION APPLICATION  
PLANNING DEPT. 623 GARRISON AVE. FT. SMITH ARKANSAS  
Mail to: P.O. Box 1908 Fort Smith, AR. 72902  
EMAIL TO: [planning@fortsmithar.gov](mailto:planning@fortsmithar.gov)

TYPE OR PRINT  
NEATLY  
  
FILL APPLICATION  
COMPLETELY

<input type="checkbox"/> I AM ANEW BUSINESS		<input type="checkbox"/> I AM RELOCATING AN EXISTING BUSINESS		<input type="checkbox"/> I AM CHANGING OWNERSHIP	
DATE		NUMBER OF EMPLOYEES		Email	
BUSINESS ADDRESS	STREET		CITY		ST ZIP
BUSINESS NAME				NAICS CODE	
CORPORATE NAME					
STATE TAX ID			EIN		
LICENSE HOLDERS NAME	FIRST	MID	LAST		OWNER OR CEO
APPLICANT NAME	FIRST	MID	LAST		
BUSINESS PHONE			CELL PHONE/EMERGENCY NUMBER		
MAILING ADDRESS	STREET		CITY		ST ZIP
PREVIOUS BUSINESS ADDRESS	STREET		CITY		ST ZIP
PREVIOUS USE OF STRUCTURE					
PROVIDE A DETAILED DESCRIPTION OF YOUR BUSINESS INCLUDING A LIST OF THE PRODUCTS OR SERVICES OFFERED					
WAS/IS THIS STRUCTURE A HOUSE?				YES	NO
WILL THIS BE A SEXUALLY ORIENTED BUSINESS?				YES	NO
WILL THIS BE A FOOD SERVICE BUSINESS?				YES	NO
WILL ALCOHOL BE SERVED OR ALLOWED AT THIS LOCATION?				YES	NO
WILL ALCOHOL BE SERVED LATER THAN 2 AM?				YES	NO

NOTICE: IF OPERATING MORE THAN ONE BUSINESS OUT OF THE SAME STRUCTURE, YOU ARE REQUIRED TO FILL OUT SEPARATE BUSINESS APPLICATIONS FOR EACH BUSINESS. BUILDING/SIGN PERMITS ARE REQUIRED FOR REMODELING/ADDITIONS AND SIGNS

**BY SIGNING THIS DOCUMENT, I UNDERSTAND THAT ANY FALSE STATEMENTS MADE IN THIS APPLICATION SHALL RESULT IN DENIAL. I FURTHER UNDERSTAND THAT VIOLATION OF ANY LOCAL, STATE, OR FEDERAL LAW, MAINTAINING A NUISANCE OR UNSANITARY PREMISES, OR OPERATING A BUSINESS CONTRARY TO THAT PERMITTED BY THE APPROVED BUSINESS REGISTRATION SHALL BE CAUSE TO REVOKE THE BUSINESS LICENSE**

SIGNATURE:

		APPLICANT			OWNER
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